

## Two Rivers Surgery Center, LLC

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## TRSC PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on the disclosure of their protected health information (PHI). Individuals are also provided the right to request confidential communications or that communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of their home.

Check all that apply- I wish to be contact  Home phone  OK to leave detailed message			
		OK to mail to my home address	
OK to	leave message to call back onl	у	
Mobi	ile phone	Work phone	
OK to text		Ok to leave detailed message	
		OK to leave message to call back only	
Email	l address		
OK to	send detailed information		
Othe	r		
Other	·		
	rint Name	 Date of Birth	
	init ivanie	Date of Birth	
Pa	atient's signature (or responsib	le party) Date	
disclosur provision Healthca will const	e of any requests for PHI to the as do not apply to uses or disclo re entities must keep records o titute and adequate record. NC	thcare providers to take reasonable steps to limit the use or minimum necessary to accomplish the intended purpose. These sures made pursuant to an authorization request by the individual. If PHI disclosures. Information provide below, if completed properly TE: Use and disclosures for Treatment, Payment, and/or Health Care thout prior consent in an emergency.	
	RECORD OF DISCLOS	URES OF PROTECTED HEALTH INFORMATION (PHI)	
Date	Disclosure to whom	Description of Disclosure	
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